FATAL NOTIFICATION

| HAS NOTIFICATION TO FA | MILY BEEN MADE?: Y(|) N() IS THIS | FORM RELEASA | BLE TO THE M | EDIA?: Y () N () WHEN: |
|-----------------------------------|----------------------|----------------|--------------|---------------|--------------------------|
| TROOPER: | CASE NUM | BER: BADGE: | | BADGE: | PHONE #: () |
| DATE OF INCIDENT: | TIME OF I | NCIDENT: TYPE | | YPE OF INCIDE | NT: |
| LOCATION: | NEARES | ST TOWN: | | COUNTY: _ | |
| DIRECTION | | | TOTAL NUMBE | ER OF VEHICLE | S INVOLVED: |
| ASSISTING TROOPER(S): | | | S | UPERVISOR: _ | |
| <u>VEHICLE (S) INVOLVED</u> : | | | | | |
| #1- YEAR: | MAKE: | MODEL: _ | | LIC #/S | T: |
| | MAKE: | | | | T: |
| | MAKE: | | | | T: |
| | MAKE: | _ MODEL: _ | | LIC #/S | T: |
| <u>PEOPLE INVOVLED</u> : | | | | | |
| NAME: | D. | O.B.: | CITY THEY AF | RE FROM: | |
| VEH#: DRIVER (|) or PASSENGER () | FATAL: YES (| or NO () | SEATBELT: | YES () or NO () |
| INJURED: YES () or NO () | TYPE(S) OF INJURIES: | | | DIRECTION | TRAVELING: |
| INJURED TAKEN TO: | | ARRESTS OR C | ITATIONS: | | |
| NAME: D.O.B.: CITY THEY ARE FROM: | | | | | |
| VEH#: DRIVER (|) or PASSENGER () | FATAL: YES (| or NO () | SEATBELT: | YES () or NO () |
| INJURED: YES () or NO () | TYPE(S) OF INJURIES: | | | DIRECTION | TRAVELING: |
| | | | | | |
| NAME: | D. | O.B.: | CITY THEY AF | RE FROM: | |
| VEH#: DRIVER (| | | | | |
| INJURED: YES () or NO () | | | , 611, 6 () | | TRAVELING: |
| | | | ITATIONS: | | |
| NAME: | D | O.B.: | CITY THEY AF | RE FROM: | |
| VEH#: DRIVER (| | | | | |
| | | | | | TRAVELING: |
| | | | | | |
| | | | | | HOW LONG: |
| | | | | | |
| | | | | | , DISPATCH |
| WHAT HAPPENED (DETAIL | | , CAI I | , IVIA. | <u> </u> | , DISI ATCII |
| | | | | | |
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